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PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

HARMSEN 3.3-002



In re Application of Hans Proppert

Application Number
09/554,835-Conf. #8966

Filed
July 5, 2000

For USE OF THE E. COLI STRAIN DSM 6601 FOR TREATING
DIARRHEA IN VETERINARY MEDICINE

Art Unit 1651 Examiner I. Marx

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number 36,629
☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a)

August 13, 2004

Date

(908) 518-6366

Telephone Number

Signature

Thomas M. Palisi

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 13, 2004 Signature: (Thomas M. Palisi)